



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

Tel
HHSC

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LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Takayama	Linda	Chu	545-3060
MAILING ADDRESS (Street)			FAX
P.O. Box 1196			545-1182
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Health Systems Corporation			733-4020
MAILING ADDRESS (Street)			FAX
3675 Kilauea Avenue			733-4028
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96816	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Tom Driskill			733-4020
MAILING ADDRESS (Street)			FAX
3675 Kilauea Avenue			733-4028
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96816	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) _____ |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

1-26-07

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Tom Driskill

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President

NAME OF ORGANIZATION (if applicable)

Hawaii Health Systems Corporation

TELEPHONE

733-4020

MAILING ADDRESS (Street)

3675 Kilauea Avenue

FAX

733-4028

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96816

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)